

again, and a case occurring in my own house enabled me to test the efficacy of aconite once more. The subject of this was a mulatto boy, twelve years old, who came to me one morning with his head set firmly back and drawn a little to one side, his pulse much quickened, his tongue heavily coated, and complaining of violent pain in his legs. I gave him a scruple of calomel, and put him on a course of aconite in full doses, repeated every three hours. The pulse was soon reduced to 70, and the bowels well purged. Calomel in purgative doses was given daily, and he improved slowly until about the twelfth day, when I found him entirely relieved, and he took no medicine afterward. The only external application made was a liniment made strong with oil of amber and tincture of aconite.

The effect of aconite in these cases is some evidence, perhaps, that this is a disease of nervous irritation, requiring the free use of narcotic remedies. It may be that other articles of this class may answer a better purpose, but I am well convinced that opiates are injurious. The digestive organs are always greatly disordered, with impaired and vitiated secretions; and hence the necessity for the use of calomel. I doubt whether benefit has been derived in any case from bloodletting, either general or local.

Although the disease has been confined mostly to negroes, in Memphis and the vicinity, in some other localities it is said to have prevailed principally among the white population. Whether affecting the one or the other, it must be ranked among the most fatal diseases, and any successful practice in its treatment is of importance. This is my apology for making this report.

ART. XII.—*Case of Pott's Abscess of the Brain—Trephining—Necrosis and Removal of the Right Parietal and part of the Frontal Bones—Recovery.* Reported by H. RAPHAEL, M. D., House Surgeon, Bellevue Hospital.

THOMAS LAUDER, æt. 24, single, born in England, ship's steward, was always temperate, enjoyed good health, and presented no symptoms of syphilitic or any other specific disease. On the 12th of Dec., 1862, while partaking in an affray, he was struck on the head with the edge of a shovel, which stunned him for a time and produced a lacerated wound of the scalp, about two inches in length, over the left occipito-parietal suture. For this he was treated at the N. Y. Hospital, and was soon discharged, cured. In a few days intense headache supervened, and the patient was admitted to this hospital on the 24th of Dec., 1862, suffering from severe pain in the head and intermittent delirium.

The symptoms were relieved by the use of leeches to the temples and blisters at the nape of the neck. The relief, however, was only temporary, and the patient grew worse daily. Vomiting and intolerance of light and

sound came on; these became worse, and on Dec. 31st periods of unconscious stupor began to alternate with delirium; each of these symptoms lasting for about an hour. As yet sensation was not abolished.

Jan. 2. The attending periods of stupor deepened into coma and encroached upon the periods of the delirium. Pulse 130 per minute, full and strong; pupils contracted; skin hot and dry. A large puffy tumour of the scalp was now developed, dissecting up the entire scalp from the calvarium and crepitating to the feel, being emphysematous. At 8 P. M. to-day, Dr. Stephen Smith made a free incision, crucial, into the scalp, and applied a Gault's trephine on the right parietal bone close to the occipito-parietal suture. A large quantity of fetid and gaseous pus escaped from beneath the scalp. There was some superficial necrosis of the bone, and on removing the disk of bone with the trephine a greenish, dirty-looking pus, about half an ounce in quantity, oozed out from between the meninges and cranium. The patient was conscious at the time of the operation, and complained loudly of the pain inflicted on him. Several ounces of blood were lost during the operation, and his pulse fell from 130 to 85 beats per minute. The coma and delirium disappeared, and the patient expressed himself relieved, and slept some during the night. Cold water dressing was applied to the head.

3d. Coma reappeared to-day; this time it is attended with puffing of the cheeks during expirations. Pulse 100. Dr. Smith again trephined the right parietal bone close to the former trephining, but no pus was found. The pulsation of the brain could be easily seen through the openings in the cranium.

4th. Ordered a cathartic of *ol. tigllii* to be given, which operated freely. The paralysis of the left side has disappeared to-day; otherwise there is no change.

5th. Patient experiences some difficulty in deglutition, compelling him to partake of nourishment very sparingly.

6th. The difficulty at deglutition has disappeared, otherwise he is about the same.

7th. Patient was attacked to-day with delirium and stupor, which alternate; the paralysis which had disappeared after the trephining has again affected the left side; complains also of headache. Ordered *ol. tigllii*, *gtt. ij* in *ol. ricini*, $\mathfrak{z}\text{j}$. This produced several watery evacuations.

8th. The delirium and stupor have subsided, has but little headache, and says he is much better.

10th. Patient is considerably worse to-day than he has been for the last two days. Passed a sleepless night, is now delirious, and his pulse is 105. Ordered *pot. iod.*, *gr. x*, three times daily, and *tr. aconiti rad.*, *gtt. ij* every hour.

11th. Has slept the major part of last night. Pulse 85, and says he is much better.

12th. Patient is decidedly better to-day than he has been for the last few days. The paralyzed arm and leg have regained their motive power; sensation is perfect over the whole body; answers questions coherently; appetite fair, and pulse 84.

13th. Discovered a puffy tumour on the right temple extending over the right half of the forehead down to the eyebrow, and behind to the mastoid process. The contents of this tumour were similar in character to that of the primary abscess of the scalp—containing pus and air.

15th. Another collection of matter formed over the centre of the forehead. A large quantity of pus and air was evacuated from the abscess.

16th. No change.

17th. Had a very bad night; was sleepless and moaned constantly; and this morning found another fluctuating tumour over the forehead. The evacuation of this abscess gave instant relief.

19th. Patient is about the same. The pulse, however, is full and strong, and 106 per minute, for which the aconite was again prescribed till the pulse was reduced to 80.

20th. Much improved to-day. Sat up in bed for some time. Appetite good; pulse 80.

22d. Patient's condition is not as good to-day as it was at last record. Pulse 114; complains of headache, and is drowsy. Ordered three leeches to each temple, a brisk cathartic, and the aconite in two drop doses every hour.

23d. Much better. The cephalalgia is less intense; the drowsiness is gone; pulse 88.

24th. No change.

25th. Febrile symptoms have again developed themselves. Pulse 112, cephalalgia, with hemiopia. These symptoms again subsided under a moderately antiphlogistic treatment.

27th. No change in the patient's condition to-day.

28th. The patient is to-day improving.

31st. He is somewhat worse to-day; is restless and irritable. Pulse 120. Ordered a cathartic with the other adjuvants, and nothing stimulating was allowed.

Feb. 1. Patient is about the same as yesterday.

3d. At the suggestion of Dr. Smith the exts. of belladonna and hyoseyamus, gr. ss of the former to gr. ij of the latter, were ordered three times daily.

4th. Patient complains of dryness of the throat. Pupils are dilated to such an extent that he is unable to see anything. Suspended the use of belladonna and gave the extract of hyoseyamus alone. Opened a small abscess on the forehead over the right eye.

7th. Patient informs me that he had a chill during the night, and felt very cold, and that his skin was burning hot afterwards. His pulse now is 135; pupils still dilated; but his throat is less affected than it was. Ordered a turpentine enemata and the tr. aconite, gtt. j, every hour.

8th. Better to-day; pulse 85; no headache; passed a good night, and is bright and cheerful.

9th. Patient's pulse is remarkably weak and rapid to-day. Ventured to give him stimulus, about $\frac{3}{4}$ ss every three hours, and as a tonic the preparation of iron; also pot. chlor. \mathfrak{z} ij, tr. cinchona C, syr. cort. aurant., $\mathfrak{a}\mathfrak{a}$ \mathfrak{z} ij, aqua \mathfrak{z} iv, a tablespoonful three times daily.

28th. Granulations have sprung up on the dura mater over the trephined spaces, and as these reach the level of the calvarium they join with the granulations from the edges of the divided scalp.

March 5. Again complains of frontal headache. Pupils dilated; pulse normal; skin moist and cool. Ordered an enemata of ol. terebinth. and pot. iod., gr. x, three times daily.

10th. Has had no headache during the last three days, but complained again to-day of it. Relieved by the same remedies as on former occasions.

18th. Nothing of note occurred since last record. At 6 P. M. to-day was

called to see patient, and found him labouring in convulsions, epileptiform in character. Extremities contracted; pupils enormously dilated, and puffing of the cheeks at expirations. The patient was put on low diet, his stimulus was cut off. Pot. iod., gr. v, three times a day was ordered.

19th. Slept well during the night, and was very comfortable this morning, but after eating a hearty breakfast he had another attack; this one, however, was not near so severe as the first.

30th. Patient was free from these attacks till last night, when he had several slight convulsions, which left him partially paralyzed on the left side. Ordered a pill containing ext. belladonna, gr. $\frac{1}{4}$, ext. hyoscyam., gr. j, three times a day.

April 4. Had again several convulsions during the night.

5th. These attacks again recurred to-day. Ordered a two gr. pill of zinci valerianati three times a day.

May 1. Has been free from convulsions since last date, and suffered from several fits to-day; these passed off, leaving no bad effects behind.

3d. These convulsions continue to recur, and are augmenting both in frequency and severity. Ordered ferri carb., gr. x, three times daily.

14th. Has been free from the convulsions till to-day, when they again recurred. This remedy seems to have lost its virtue (if it had any) in suppressing these convulsions. Some small loose pieces of bone were removed from the skull, not, however, without some force.

30th. Was free from the convulsions till to-day, six P. M. The right parietal bone is now detached from its fellow, but is still adhering to the frontal and temporal bones. The handle of a scalpel is easily passed between the parietal bone and dura mater. Attention is paid to his bowels, which are moved daily by a mixture of pot. bitart. and mag. sulph., which seems to mitigate the severity of the convulsions.

July 20. Is still under the same course of treatment. The saline mixture, and the pills of valerianate of zinc alternated with other antispasmodic remedies. He is up and about in the ward, and takes out-door exercise. His general condition is much improved. Yesterday he ventured to go out in the city, and, although the weather was extremely warm, he suffered no bad effects from it. The parietal bone is loose and movable, but not yet ready to be taken away.

Aug. 3d. The treatment in this case remained the same as at last record. This morning I again moved the bone to and fro, as usual, for the purpose of detaching it, when a crackling of bone indicated that the last osseous attachments had been broken, and, after a little manipulation, I was enabled to remove the whole portion entirely. The fragment consists of a portion of the frontal and the whole parietal bone. The frontal part is about half of the bone, separating at a line where the hairy part of the scalp commences. The whole fragment measures at its narrowest (transverse) diameter five inches, at its shortest (antero-posterior) diameter eight inches, and in circumference nineteen inches. The edges of the bone have become much disintegrated by the action of the surrounding pus. Some pus and blood flowed from the surface of the dura mater, when the bone was removed. The dura mater has a thick layer of granulations on its surface, and cicatrization has already begun where the bone was deficient. A varicose condition of the veins in the granulations was observed at various points; where they were ruptured or pricked with a lancet, blood oozed out and the part collapsed. Cold water dressing was applied to the head, and patient was ordered to remain in bed. The scalp covering the necrosed

bone was, since the first incision and trephining, allowed to take its own course. The tendinous portion of the occipito-frontalis being divided, the muscle contracted, and curled up the detached scalp on itself, so that the hair surface pressed on the dura mater. In consequence of these contractions, a large surface of the dura mater was uncovered, having only the layer of granulations, already spoken of, for its protection. By dividing the adhesions the contracted part had formed with itself, and spreading it on the surface of the dura mater, the exposed surface of that membrane was reduced from five by eight inches to three by four inches. On account of the hemorrhage and pain attending this operation (the patient refusing to take an anæsthetic), only one flap at a time was operated on (the anterior), and an interval of several days was allowed to pass to give the patient time to recover from the exhaustion attending the operation before the posterior flap was operated on. In spite of these operations, the dura mater has a space of three by four inches remaining exposed, having neither bone nor scalp to cover it. The granulations of the dura mater are rapidly cicatrizing, and the patient, unwilling to remain any longer in this institution, returned to London,¹ his native place, on the 12th of September, having been an inmate of this hospital since December, 1862.

The only bad effects the patient suffered from the result of this grave disease at the time he left this hospital, were a partial contraction of the fingers of the left hand and presbyopia, confined to the left eye *only*.

Remarks.—On comparing the portion of bone removed from Thomas Lauder with a skull of about the same size and age as the patient, I find that the parietal bone has separated at the sutures, connecting it with the bones by which it is surrounded. At the sagittal suture from its fellow at the lambdoidal with the occipital, and at the squamous suture with the squamous portion of the temporal bone. From this suture an irregular line of separation is continued forward to a point over the centre of the right orbit, and striking off almost at a right angle shooting upwards, backwards, and outwards (inclining a little to the left) strikes the fronto-parietal, or coronal suture of the left side an inch and a quarter from the sagittal suture. The frontal bone is thus divided in two unequal parts. The separated portion has its base at its junction with the greater wing of the sphenoid bone, its lesser base at its junction with the parietal bone. The right lower angle of the necrosed frontal bone, if continued downwards, would strike the upper margin of the right orbit in the centre. The ossa Wormiana, found in these sutures, have all macerated and come away with the discharge. The larger ones were removed with a forceps when they loosened. The frontal portion is adherent to the parietal, and, although somewhat movable at the coronal suture, they cannot be separated without fracturing some of the serrations forming the suture. The length of the frontal portion is four inches, width two and a half inches, but on account of its irregular shape it is difficult to give the very exact measures. Both bones together

¹ It is to be hoped that the surgeon under whose care this patient may come, will report the further history of the case.

measure eight inches in length, and varying from four, four and a half, to five inches in width. From the length of time the bone was macerated in the discharges, it has its outer table exfoliated in several spots; at other points both inner and outer tables have been corroded, producing small irregular holes along the margins of the bone.

BELLEVUE HOSPITAL, Sept., 1863.

ART. XIII.—*Two successful Cases of Ovariectomy performed by A. DUNLAP, M. D., of Springfield, Ohio. Reported by J. C. REEVE, M. D., Dayton, Ohio.*

CASE I. Julia C. first came under my observation during the summer of 1861. She was then 19 years of age, unmarried, small stature, and delicate appearance; had never suffered any serious illness, and presented no marks of disease, except enlargement of the abdomen. Not being willing to submit to any treatment proposed, I did not see her again until Sept. 17th, when I took notes of the history of her case, and of her conditions.

Four years before she menstruated once, and once only; at intervals of about three weeks, ever since then, she has had symptoms indicating an effort at menstruation, but no discharge has appeared. About four years ago swelling of the abdomen commenced, but she cannot say upon which side it first appeared; this swelling has steadily increased up to the present time, when it interferes seriously with respiration, and calls imperatively for relief. The abdomen measures fifty-two inches in circumference; the lower ribs are widely separated by the upward pressure of the tumour, exaggerating very much the cone shape of the thorax. Fluctuation is readily perceived in every direction; percussion gives a dull sound everywhere, except in the right lumbar region, and in every position of the patient; the tumour moves from side to side as she turns, as much as possible with the parietes so distended. A vaginal examination showed the uterus to be very much drawn up, so much so as to make it impossible to reach the os uteri; no fluctuation could be felt in the vagina, upon tapping the interior of the abdomen. The appetite was good, bowels regular, and no difficulty experienced in urinating.

On the 21st of Sept., having in the meantime carefully re-examined, and succeeded in reaching the os uteri, I tapped her by the usual method, through the linea alba. Thirty pints of fluid were removed, specific gravity 1.018, dark brown in colour, and presenting innumerable shining particles of matter (cholesterine); upon the addition of nitric acid, two-thirds of its bulk became solid. The removal of this fluid allowed a mass of cysts to be felt in the left iliac region as large as a child's head. She recovered from this operation speedily, and without having presented any serious symptoms.

During the following spring she again called upon me for relief from the distension, the tumour being larger than before. The operation of ovariectomy had been previously presented to her, but was then rejected; it was now again presented, and all the probabilities and possibilities candidly stated, and compared with the inevitable result of repeated tapping. Hav-